



## Consumer Affairs and Licensing

Mayor Martin J. Walsh

### **APPLICATION FOR AUTOMATIC AMUSEMENT DEVICES AND OTHER GAMES**

If you are applying for any type of coin controlled amusement game machine, please answer the following:

1. Total Number of Games/Machines: \_\_\_\_\_
2. Name(s) of Game/Machine: \_\_\_\_\_
3. Manufacturer and Manufacturer's Serial Number(s): \_\_\_\_\_
4. Will you own the coin-controlled game(s)? ☐ Yes ☐ No
5. If "No", please provide the name, address and telephone number of the owner/vendor of the games: \_\_\_\_\_
6. Is this game(s) approved by the State Director of Standards? ☐ Yes ☐ No
7. Does your premises have a remote switch to shut off the games? ☐ Yes ☐ No
8. If yes, please indicate the location of the switch: \_\_\_\_\_
9. Is this a game(s) involving, in whole or in part, the skill of the player? ☐ Yes ☐ No

**If you are requesting more than 4 games or your premises does not hold an alcoholic beverage license, you MUST submit a copy of your use & occupancy certificate with this application.**

1. Business Name (d/b/a): \_\_\_\_\_
2. Business Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
3. Corporate Name: \_\_\_\_\_
4. Business Address: \_\_\_\_\_
5. Name of Individual signing application: \_\_\_\_\_
6. Relationship to Business: \_\_\_\_\_
7. Daytime Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
8. Home Address: \_\_\_\_\_
9. Attorney's Name: \_\_\_\_\_
10. Attorney's Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
11. Attorney's Address: \_\_\_\_\_

**STATEMENT OF APPLICANT:** Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## PART 1: BUSINESS ORGANIZATION

1. The business for which this application is being filed is a: (please select)

- ☐ Sole Proprietorship, Owner's name: \_\_\_\_\_
- ☐ Partnership, Partners' name(s): \_\_\_\_\_
- ☐ Limited Partnership, Partners' name(s): \_\_\_\_\_
- ☐ Corporation, Corporation name: \_\_\_\_\_

(Please list the name and home address of each officer, director and each shareholder as well as the amount of stock in the corporation owned by each. If necessary, submit cover sheet.)

2. Employer Identification Number: \_\_\_\_\_

3. If new ownership, please indicate previous business name (d/b/a), owner and date you assumed possession: \_\_\_\_\_

## PART II: MANAGER OF RECORD

Please provide the following information on the proposed manager of record:

1. Proposed Manager of Record: \_\_\_\_\_

2. Email: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Home Address: \_\_\_\_\_

5. Home Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 6. Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. Place of Birth: \_\_\_\_\_

9. Mother's Maiden Name: \_\_\_\_\_ 10. Father's Name: \_\_\_\_\_

WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAWS? ☐ Yes ☐ No

## PART III: OPERATION

1. Proposed Capacity of Premise: \_\_\_\_\_

2. Number of Restrooms: \_\_\_\_\_

3. Number of Egresses: \_\_\_\_\_

4. Hours of Operation on AB/CV License: \_\_\_\_\_

5. Proposed Hours of Entertainment: \_\_\_\_\_

Please provide a current copy of the following:

☐ **Inspection Certificate**  
*Inspectional Services Department  
1010 Massachusetts Avenue, 5<sup>th</sup>  
floor, Boston, MA 02118  
(617) 635- 5300*

☐ **Place of Assembly Permit**  
*Boston Fire Department – Fire  
Prevention Division  
1010 Massachusetts Avenue, 4<sup>th</sup>  
floor, Boston, MA 02118  
(617) 343-3772*

☐ **Business (d/b/a) Certificate**  
*City Clerk's Office  
1 City Hall Square, Rm. 601, Boston,  
MA 02201  
(617) 635-4600*

☐ **AB/CV License**  
*Boston Licensing Board  
1 City Hall Square, Rm. 809, Boston,  
MA 02201  
(617) 635-4170*

☐ **Articles of Organization of  
the Corporation**  
*Secretary of the Commonwealth –  
Corporations Division  
1 Ashburton Place, Rm. 1717,  
Boston, MA 02108  
(617) 727-9640*